

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27872 (1)

1. Corporation Name
ASCOM HASLER MAILING SYSTEMS, INC.



Principal Place of Business Mailing Address
19 FOREST PARKWAY SHELTON CT 06484

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. 400 Chestnut Ridge Rd
27. Suite, Apt. #, etc.
28. Woodcliff Lake, NJ
29. Zip
30. USA

3. Date Incorporated or Qualified **01/26/1990**
3a. Date of Last Report **02/08/1995**
4. FEI Number **06-0798198**
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FOLEY & LARDNER
200 LAURA ST.
JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed in block of registered agent and the date of signature. If the Registered Agent signature is requested when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V GOGGIN, EDMOND B 63 MANDELL DR. SOUTHINGTON CT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S BITAR, THOMAS J 34 SPRINGBROOK RD. MORRISTOWN NJ	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P ALLOCCA, MICHAEL A. 288 HOYT FARM ROAD NEW CANAAN CT	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KAMBER, URS SQUIRE LANE SHELTON CT	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Director
Roland Schmid
19 Forest Parkway
Shelton, CT 06484

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S.B. Goggin, Vice President* (201) 391-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)